



Arizona Department of Veterans' Services
Adult Day Health Care Center

NOTICE OF PRIVACY PRACTICES

Summary Notice

Effective Date April 14, 2003

We, the Adult Day Health Care Center, are providing you with the Adult Day Health Care Center Notice of Privacy Practices. This Summary notice provides a summary of the Adult Day Health Care Center Notice of Privacy Practices and briefly states:

- How your health information may be used and disclosed;
- Your rights regarding your health information; and
- Our legal duty to protect the privacy of your health information.

For a more complete description of our privacy practices, you should carefully review the Detailed Notice of privacy practices following this summary. This Summary Notice does not modify or limit the Arizona Department of Veterans' Services Detailed Notice of Privacy Practices.

Your Health Information

Health information is any information we create or receive about you and your past, present, or future:

- Physical or mental health or condition;
- Health care; or
- Payment for medical services.

How We May Use And Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information. However, Federal law allows us to use and disclose your health information without your permission for the following purposes:

- Treatment
- Eligibility and Enrollment for VA Benefits
- Family Members or Others involved in your Care (with limitations)
- Services
- When Required by Law
- Public Health
- Payment
- Law Enforcement
- Judicial or Administrative Proceedings
- Health Care Oversight
- Military Activities
- National Security
- Health Care Operations
- Coroner or Funeral Services (with limitation)
- Health and Safety Activities
- Abuse Reporting
- Workers' Compensation

A more detailed description of each use and disclosure purpose is included in the Detailed Notice of Privacy Practices, following this summary.

All other uses and disclosures of your health information will not be made without your prior written authorization.

Your Privacy Rights You have the right to:

- Review your health information;
- Obtain a copy of your health information;
- Request your health information be amended or corrected;
- Request that we not use or disclose your health information;
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner;
- An accounting or list of disclosures of your health information; and
- Receive our Adult Day Health Care Center Notice of the Privacy Practices upon request.

Changes We reserve the right to change the Adult Day Health Care Center Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

Complaints If you are concerned that your privacy rights have been violated, you may file a complaint to Adult Day Health Care Center or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint, you may contact the Adult Day Health Care Center at <http://www.azvets.com> or dial 602-248-1572. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.



Arizona Department of Veterans' Services
Adult Day Health Care

NOTICE OF PRIVACY PRACTICES

Detailed Notice
Effective Date April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The purpose of this Detailed Notice is to inform you about your privacy rights and provide you with information on how the Adult Day Health Care Center may use and disclose your health information. All Adult Day Health Care Center employees, staff, personnel, and volunteers must follow the terms of this Notice. The Adult Day Health Care Center is required by law to:

- Keep health information that identifies you private to the extent described in this Notice;
- Provide you with this Notice of Adult Day Health Care's legal duties and privacy practices with respect to your personal health information; and
- Follow the terms of this Notice.

Our Pledge To You We recognize that health information about you is personal. We are committed to protecting the confidentiality of your health information.

Your Health Information Health information is any information we create or receive about you and your past, present, or future:

- Physical or mental health or condition;
- Health care; and/or
- Payment for health care provided.

Some examples of your health information are:

- Name, age
- Prescriptions
- Eligibility and enrollment information
- Insurance and billing information
- Prosthetics
- Examination, diagnosis, findings or treatment

Our records containing your health information are the property of Adult Day Health Care Center. We will give a copy of your health information to you upon your written request, unless prohibited or restricted by law. However, you must follow Adult Day Health Care Center's procedures to obtain the information.

In general, we must have your written authorization to use and disclose your protected health information. However, we do not need your authorization to use or disclose your health information in certain circumstances explained in more detail later in this Notice. These circumstances include:

- For treatment, payment, health care operations, and as otherwise permitted by law;

- For disclosure to the Secretary of the U.S. Department of Health and Human Service for investigation of our compliance with 45 CFR Parts 160 and 164.

In certain situations we may only use or disclose the minimum amount of your health information necessary to accomplish the intended purpose of the use or disclosure.

When We May Use And Disclose Your Health Information

Treatment We may use and disclose your health information for treatment. Treatment may include:

- Emergency and routine health care or services including labs and x-rays
- Contacting you to provide appointment reminders or information about treatment alternatives
- Prescriptions for medication, supplies, and equipment
- Coordination of care, including care from non-Adult Day Health Care Center providers

Examples: 1) A participant sees a doctor who prescribes medication based on the participant's health information. The pharmacy uses this information to fill the prescription. 2) A participant is taken to a community hospital emergency room. Upon request from the emergency room, the Adult Day Health Care Center discloses health information needed to treat this participant.

Payment We may use and disclose your health information for payment purposes. This may include:

- Determining eligibility for health care services
- Billing and collecting for services
- Providing personal information to consumer reporting agencies regarding delinquent debt owed to the Adult Day Health Care Center
- Pre-certifying benefits
- Coordinating benefits with other insurance payers

Examples: 1) A participant is seeking admission to the Adult Day Health Care Center. Adult Day Health Care Center uses the participant's health information to determine eligibility for admission. 2) A participant has private health insurance and is being treated for a condition. The Adult Day Health Care Center discloses the participant's health information to the health insurance company to seek and receive payment for the care provided.

Health Care Operations We may use and disclose your health information to support the activities related to health care, including:

- Improving quality of care or services
- Conducting participant and beneficiary satisfaction surveys
- Conducting health care training programs
- Improving health care processes, reducing health care costs, and assessing organizational performance
- Conducting accreditation activities
- Reviewing competence or qualifications of health care professionals
- Managing, budgeting, and planning
- Conducting audits and compliance programs, including fraud and abuse investigations
- Legal services
- Certifying, licensing, or credentialing of health care professionals
- Maintaining computer systems

Examples: 1) QA Coordinator uses the health information of diabetic participants as part of a quality of care review process to determine if the care was provided in accordance with the established best clinical practices. 2) Adult Day Health Care Center discloses a participant's health information to the Attorney General's Office for defense of Arizona Department of Veterans' Services in litigation.

Eligibility and Enrollment for VA Benefits We may use and disclose your health information to determine your eligibility for VA benefits, including to:

- Other programs within VA, such as Veterans Benefits Administration; and
- Other Federal Agencies.

Abuse Reporting We may disclose your health information to report suspected abuse, neglect, or domestic violence to appropriate Federal, State, local, and/or tribal authorities.

Health and Safety Activities We may use and disclose your health information when necessary to prevent or lessen a serious threat to the health and safety of the public, yourself, or another person. Any disclosure would only be to someone able to help prevent or lessen the harm.

Public Health We may disclose your health information to public health and regulatory authorities, including the Food and Drug Administration (FDA), for public health activities. Public health activities may include:

- Controlling and preventing disease, injury, or disability
- Reporting communicable diseases such as hepatitis, tuberculosis, and sexually transmitted diseases
- Reporting adverse events, and product defects or problems
- Reporting vital events such as births and deaths
- Tracking FDA-regulated products
- Enabling product recalls, repairs, or replacements

Judicial or Administrative Proceedings We may disclose your health information for judicial or administrative proceedings if:

- We receive an order of a court or administrative tribunal, requiring the disclosure; or
- To defend Adult Day Health Care Center in judicial and administrative proceedings.

Law Enforcement We may disclose your health information for law enforcement purposes when applicable legal requirements are met. These law enforcement purposes may include:

- Responding to a court order
- Identifying or apprehending an individual who has admitted to participating in a violent crime
- Routine reporting to law enforcement agencies, such as gunshot wounds
- Responding to a specific request when in pursuit of a focused civil or criminal law enforcement investigation
- Reporting a death where there is a suspicion that death has occurred as a result of a crime
- Providing certain information to identify or locate a suspect, fugitive, material witness, or missing person
- Reporting crimes occurring at a Arizona Department of Veterans' Services site

Health Oversight Adult Day Health Care Center may disclose your health information to a governmental health oversight agency (e.g. Inspector General (IG)) for activities authorized by law, such as audits, investigations, and inspections. Health oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Coroner or Funeral Services We may disclose your health information to a funeral director, as authorized by law. We may also disclose your health information to a coroner or medical examiner for:

- Identification purposes
- Determining cause of death
- Performing other duties authorized by law

Services We may provide your health information to individuals, companies and others who need to see the information to perform a function or service Adult Day Health Care Center, such as a contract. To protect your privacy, we will require these individuals, companies and entities to sign an agreement to protect your privacy.

National Security We may use or disclose your health information to authorized Federal officials for conducting national security and intelligence activities. These activities may include protective services to the participant and others.

Military Activities We may use or disclose your health information, if you are a member of the Armed Forces, for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, when applicable legal requirements are met.

Workers' Compensation We may disclose your health information to comply with workers' compensation laws and other similar programs.

Required by Law We may use or disclose your health information for other purposes to the extent required by Federal law.

When We Offer You the Opportunity to Decline Use or Disclosure of your Health Information

Family Members or Others Involved in Your Care

General Information Disclosures We may disclose general information about you to your family and friends. These disclosures will be made only as necessary and on a need-to-know basis consistent with good medical and ethical practices. General information is limited to:

- Verification of identity
- Your condition described in general terms (e.g., critical, stable, good, prognosis poor)

Disclosures to others while you are present When you are present, or otherwise available, we may disclose your health information to your next of kin, family or other individuals that you identify. For example, your health provider may talk to your spouse about your condition. Before we make such a disclosure, we will ask you if you object. We will not make the disclosure if you object or if we cannot reasonably infer from the circumstances and based on the exercise of professional judgment that you do not object.

Disclosures to others when you are not present When you are not present, or are unavailable, we may disclose your health information to your next-of-kin, family, and others with a significant relationship to you without your authorization if, in the exercise of professional judgment, we determine the disclosure is in your best interests. We will limit the disclosure to

information directly relevant to the other person's involvement with your health care of payment for your health care. Examples of this type of disclosure may include questions or discussions concerning:

- Medical care;
- Medical supplies (e.g., wheelchair) and filled prescriptions; and
- Care-based care;
- Forms or other information relevant to your care.

NOTE: We may provide a copy of your medical records to family, next-of-kin, or other individuals involved in your care only if we have your written authorization.

Other Uses and Disclosures Prohibited Without Your Authorization

Other uses and disclosures of your health information not covered by this Notice will be made only with your written authorization. If you provide us authorization or permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Please understand that we are unable to take back any uses and disclosures we have already made with your authorization.

Your Privacy Rights

Right to Request Restriction You may request that we not use or disclose all or part of your health information, including use or disclosure for a particular purpose or to a particular person. However, we are not required to agree to such a restriction. To request a restriction, you must submit a written request that identifies the information you want restricted, when you want it to be restricted, and the restrictions that you are requesting. All requests to restrict use of disclosure should be submitted to the Adult Day Health Care Center Program Manager, Adult Day Health Care Center, 4141 N. 3rd Street, Phoenix, Arizona 85012. If we agree to your request, we will honor the restriction unless needed for emergency treatment.

Right to Review and Copy Health Information You have the right to review and obtain a copy of your health information in our records. You must submit a written request to the Program Manager at the Adult Day Health Care Center that provided or paid for your care. Under certain limited situations, you may not be allowed to review or obtain a copy of parts of your health information. If your request is denied, you will be notified of this decision in writing and you may appeal this decision.

Right to Request Amendment of Health Information You have the right to request an amendment to your health information in our records if you believe it is incomplete, inaccurate, untimely, or not related to your care. you must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to the Program Manager at the Adult Day Health Care Center that maintains your information. If your request for amendment is denied, you will be notified of this decision in writing. In response you may:

- File an appeal
- File a "Statement of Disagreement"
- Ask that your initial request for amendment accompany all future disclosures of the disputed health information

We may prepare a rebuttal to your "Statement of Disagreement". We will provide you with a copy of any such rebuttal. If you have any questions about amending your health information in our records, please contact the Program Manager at the Adult Day Health Care Center.

Right to Request Receipt of Communications in a Confidential Manner You have the right to request that we provide your health information to you by alternative means or at an alternative location. We will accommodate reasonable requests, as determined by Adult Day Health Care Center, from you to receive communications containing your health information:

- At a mailing address (i.e. confidential communications address) other than your permanent address
- In person under certain circumstances.

Contact the Adult Day Health Care Center to request confidential communications at an alternative address. If the alternative address information results in undeliverable mail, we will resend or mail the communication to your permanent address.

Right to Receive an Accounting of Disclosures You have the right to know what disclosures of your health information have been made from our records other than disclosures we have made to you. Our accounting of disclosures is subject to certain exceptions, restrictions, and limitations. To exercise this right, you must submit a written request to the Program Manager of the Adult Day Health Care Center that maintains your health information.

Right To a Printed Copy of the Privacy Notice You have the right to obtain a paper copy of this Notice upon request from the Adult Day Health Care Center. You may also obtain a copy of this Notice at our website, <http://www.azvets.com>.

Changes to this Notice

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. When there is a change to any part of this Notice, we will send to your last address of record a copy of the revised notice within 60 days of any change. The revised Notice will also be available upon request at the Adult Day Health Care Center.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Adult Day Health Care Center or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint, you may contact the Adult Day Health Care Center Program Manager at <http://www.azvets.com> or call 602-248-1572. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

Contact Information

You may contact your Adult Day Health Care Center if you have questions regarding the privacy of your health information or would like further explanation of this Notice. The Adult Day Health Care Center Program Manager may be reached by mail at 4141 N. 3rd Street, Phoenix, Arizona 85012 or via telephone at 602-248-1572.

Effective Date

The privacy practices outlined in this Notice are effective in their entirety on April 14, 2003.